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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
HENRY D COLEMAN MCAULAY FISHER NISSEN GOLDBERG & KIEL 261 MADISON AVENUE NEW YORK NY 10016		INVENTOR'S NAME <u>AHO</u>	
		Street Address	
		City, State and Zip Code	
		CO-INVENTOR'S NAME	
		Street Address	
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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/678,762	07/11/96	045	KRASS, F	1501 07/16/97
First Named Applicant	COHN, DANIEL			

TITLE OF INVENTION **METHODS FOR REDUCING OR ELIMINATING POST-SURGICAL ADHESION FORMATION**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	424-423.000	P29	UTILITY	YES	\$645.00	10/16/97

3. Correspondence address change (Complete only if there is a change)

COLEMAN SUDOL, LLP
270 Madison Avenue, Suite 1301
New York, New York 10016

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Henry D. Coleman
2 R. Neil Sudol
3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
Life Medical Sciences, Inc.
(2) ADDRESS: (CITY & STATE OR COUNTRY)
Edison, New Jersey

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) [Signature] (Date) 10/16/97

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on: October 16, 1997 (Date)
Josie E. Caliboso (Name of person making deposit)
Josie E. Caliboso (Signature)
October 16, 1997 (Date)

1. TRANSMIT THIS FORM WITH FEE